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CONFIRMATION NO. 1720

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** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none*

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AA Initials	NY	4	98	8

ADDRESS

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TITLE

Methods and apparatus for processing image data to aid in detecting disease

FILING FEE RECEIVED 2604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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